



Service Standards

Title III-B Health Screening and Evaluation

The service provider must adhere to the AgeGuide General Service Requirements in addition to service-specific requirements listed below.

I. Definitions

- A. Service Definition (IDOA 603.12 A):** Services provided to assist individuals to secure and maintain a favorable condition of health by helping them identify and understand their physical and mental health needs and to secure and utilize necessary medical treatment. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to the health care system, not on diagnosis, monitoring and treatment.

- B. Unit of Service (IDOA 603.12 C):** Unit of service is a session per participant. For example, if there are 7 people attending a weekly health screening and evaluation session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health screening and evaluation session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 session in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2 week)

II. Service Activities (IDOA 603.12 B):

- A.** Physical screening and evaluation of medical needs;
- B.** Referral, follow-up and arrangement for necessary care from health facilities (e.g., private physicians, hospitals, clinics, health departments, home health agencies, etc.);
- C.** Individual health consultation and education;
- D.** Health screening and evaluation activities may include: blood pressure, vision, hearing, podiatry, dental, vaccinations, and other health care

activities; and

- E.** Coordination of the administration of flu shots.

III. Participant Eligibility:

- A.** Be aged 60 years or older, residing in the community.

IV. Records and Documentation (AgeGuide):

- A.** The recipient of Health Screening and Evaluation funding shall have appropriate and adequate arrangements and complete record keeping capacity to operate, evaluate, review and report on its program(s).
- B.** The recipient of Health Screening and Evaluation funding shall use the data collected from the participant surveys to verify that the goals and objectives are being met and to identify unmet participant needs. Verification and identification procedures and results will be documented and available for review by AgeGuide.
- C.** The recipient of Health Screening and Evaluation funding will cooperate and participate in whatever manner deemed necessary by AgeGuide for the monitoring of services.
- D.** Providers shall ensure maintenance and safeguard of information relating to participants as required by federal and state law. All records, case notes and other information on persons served shall be confidential and protected from unauthorized disclosure.
- E.** All program records, reports, and related information and documentation, including files of terminated participants, which are generated in support of a contract/grant between the provider and AgeGuide shall be maintained by the provider for a minimum of three years from the submission of the last expenditure report of the appropriate fiscal year or for a period of time otherwise specified by AgeGuide, e.g., if any litigation, claim or audit is started prior to the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the affected records, information or documentation has been resolved.